AFFIDAVIT OF WISCONSIN RETIREMENT SYSTEM (WRS) PARTICIPATION PRIOR TO JULY 1, 2011

Employee name (last first middle, previous)			
Street Address		City, State, Zip	
Social Security Number	Daytime Telephone Nu	mber	Date of Birth
· · · · · · · · · · · · · · · · · · ·	me for the appointn	nent (1,200 hours fo	after July 1, 2011 must be expected to work at or 12 month employees and 880 for school year sconsin Retirement System (WRS).
	12 month employee	•	nust be expected to work at least one-third of school year employees) for a period of at least 12
To ensure that your WRS eligibility is correct within two (2) business days of your employ	•	se complete this fo	orm and return it to the District Business Office
☐ I did not participate in the Wisconsin Ret	tirement System (W	RS) prior to July 1, 2	2011.
☐ I participated in the WRS prior to July 1,	2011.		
Atkinson will make WRS eligibility decisions of District of Fort Atkinson is later required to rependities on those contributions, I agree to reincluding interest and penalties, together will Fort Atkinson's rights under this agreement. against any assets the employee owns included.	based upon the info make any employer o reimburse the Schoo ith any attorney fees This agreement is l ding, but not limited fits that can be assig	rmation that I have and/or employee co I District of Fort Atk s or any other collec binding upon the en I to, any future wag gned under law. I u	ontributions to WRS and/or any interest or kinson for the full cost of those contributions, ction costs needed to enforce the School District of apployee's heirs and assigns and is enforceable ses owed by the School District of Fort Atkinson, and and the School District of Fort Atkinson may
Employee Signature:			Date:
Employee's Start Date:			

Employer Section						
Employer Representative	Date of Hire	Date Received	Date Verified & Processed			